

CLEAR

PRINT

## DLA LAND AND MARITIME ASSOCIATE OF THE MONTH

NOMINEE'S NAME:

DIRECTORATE/OFFICE:

POSITION TITLE/GRADE:

DIRECTOR/OFFICE CHIEF:

DIRECTOR/OFFICE CHIEF ELECTRONIC SIGNATURE:

Nomination Date:

Complete four of the following seven criteria and submit in typed format on one page or less:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Superior Performance                      | <input type="checkbox"/> Innovative Improvement                        | <input type="checkbox"/> Humanitarian Service          | <input type="checkbox"/> Teamwork with other associates |
| <input type="checkbox"/> Responsible for savings to the Government | <input type="checkbox"/> Superior Customer Service (Internal/External) | <input type="checkbox"/> Successful Project Completion |   |